

**THE HAMILTON COUNTY ELECTION COMMISSION
PUBLIC RECORDS REQUEST FORM**

The Tennessee Public Records Act (the "Act") grants Tennessee citizens an enforceable right to access open public records that exist at the time of the request. The Act does not require Records Custodians or the Public Records Request Coordinator to compile information or create (or recreate) records that do not exist, nor does the public have access to documents and information deemed exempt by state or federal law. Certain information is not public, which may require that the requested records to be redacted prior to being provided or to be withheld altogether. This Request Form is posted online at www.elect.hamiltontn.gov.

To: Public Records Request Coordinator **Date of Request:** _____

Mail or email this form to: Hamilton County Election Commission
Attn: Public Records Request Coordinator
700 River Terminal Road
Chattanooga, TN 37406
Email: vote@hamiltontn.gov

From: _____
Requestor's Name: _____ **Requestor's Phone Number:** _____

Requestor's Mailing Address: _____ **Requestor's Email Address:** _____

Is Requestor a TN Resident?
Yes No

If yes, please attach a copy of appropriate identification.

Type of Request:

- Inspection Only:** There is no fee for inspection unless redaction is required.
- Copy/Duplicate:** Fees will be assessed pursuant to the Hamilton County Election Commission Public Records Policy. The Requestor may request an estimate of anticipated costs, which must be paid in advance of production of any records.

Delivery preference: **On-Site Pick-Up** **USPS First-Class Mail**
 Electronic **Other:**

Additional Fees: If the final cost of fulfilling the records request is more than the estimated amount, Requestor must pay the difference before records will be provided.

Requested Records: Under the Act, record requests must be sufficiently detailed to enable a governmental entity to identify the specific records sought. As such, your record request must provide enough detail to enable the Election Commission to identify the specific records you are seeking.

For each record, provide a detailed description of the record(s) requested, including: (1) type of record; (2) timeframe or dates for the records sought; and (3) subject matter or key words related to the records.

By signing below, I acknowledge my understanding that I must pay all fees before any records will be produced or made available to me. I also understand that not all records are available to the public and may be redacted or withheld under the Act of other applicable law.

Signature of Requestor & Date

This section to be completed by Public Records Request Coordinator

Date Request Received: _____ **Staff Member Fulfilling Order:** _____

Management Approval: _____ **Date Fulfilled :** _____